

For Office Use Only	
Date Received:	
By:	
Amount Paid/Check #:	
Receipt #	

# HILLSDALE RECREATION COED 4 on 4 VOLLEYBALL

*\$85.00 per Team*  
Registration Deadline: April 10, 2024  
Games Played on Wednesdays  
6 weeks Plus Tournament  
 Games Begin Wednesday, April 17, 2024

WAIVER: We the undersigned, hereby agree to play on this team during the 2024 season as provided by the local league rules. In consideration of this roster being accepted, each of us individually release all claims for damages, or actions whatsoever in any matter arising from my participation in the City of Hillsdale's Recreation Volleyball league.

**TEAM NAME:** \_\_\_\_\_

**CAPTAIN'S NAME:** \_\_\_\_\_

**eMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME #:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**(LIMIT 8 PLAYERS TO A TEAM)**

Player's Name	Address	City	Phone	Signature	

